

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 567725**

1. Entity Name  
**ALLWEATHER INSULATION, INC.**



Principal Place of Business  
**664 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**664 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301 US**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1814982</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WOLFE, LARRY S  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FL 32304**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CHITTENDEN, FLAGG
STREET ADDRESS	664 CAPITAL CIRCLE NE
CITY-STATE-ZIP	TALLAHASSEE, FL 32301
TITLE	S
NAME	CHITTENDEN, GAIL S
STREET ADDRESS	664 CAPITAL CIRCLE NE
CITY-STATE-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	CHITTENDEN, ROBERT R
STREET ADDRESS	664 CAPITAL CIRCLE NE
CITY-STATE-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	TAYLOR, LAURIE
STREET ADDRESS	2120 SW OPEN SAUTS LOOP
CITY-STATE-ZIP	GREENVILLE, FL 32331
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/10/07-80005-017 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurie Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/4/2007 850 942-5557  
Date Daytime Phone #